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R.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail: winstonhsu@naipo.com

Customer No.: 27765

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Fax To: Moore, Paolo Davidian Tel : (703) 305-4667

Art Unit: 2187 Fax: (703) 872-9306

From : Winston Hsu, Registration No. 41,526

Serial No. : 10/064,816

Attorney Docket No.: GIGP0001USA

Subject: Information Disclosure Statement (IDS)

Total Pages: 7 pages (including cover page)

Winston Hsu 2005/02/18

GIGP0001USA0_D1_2

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Application No: 10/064,816

1 PAGE

(1) Transmittal Form

1 PAGE

(2) Fee Transmittal

3 PAGES

(3) Information Disclosure Statement

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PTO/SB/21(03-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/064,816
Filing Date	08/21/2002
First Named Inventor	Hou-Yuan Lin
Art Unit	2187
Examiner Name	MOORE, PAOLO DAVIDIAN
Attorney Docket Number	GIGP0001USA

5

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	02/18/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		
Typed or printed name	Date	

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/064,816
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	08/21/2002
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$)(0.00)		First Named Inventor	Hou-Yuan Lin
		Examiner Name	MOORE, PAOLO DAVIDIAN
		Art Unit	2187
		Attorney Docket No.	GIGR0001USA

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number		50-3105
Deposit Account Name: North America Intellectual Property Corp.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fee Paid (\$)

SUBMITTED BY			
Signature	Winston Hsu	Registration No. 41,526 (Attorney/Agent)	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu		
Date	FEB 18 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for Form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

Sheet 1 of 1

Complete If Known	
Application Number	10/064,816
Filing Date	08/21/2002
First Named Inventor	Hou-Yuan Lin
Art Unit	2187
Examiner Name	MOORE, PAOLO DAVIDIAN
Attorney Docket Number	GIGP0001USA

Examiner Signature _____ **Date Considered** _____

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ²Applicant's unique citation designation number (optional). ³See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ⁴Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁷Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hou-Yuan Lin
5 Appl. No.: 10/064,816 Filing Date: 08/21/2002
Examiner: MOORE, PAOLO DAVIDIAN
Art. Unit: 2187
Docket No.: GIGP0002USA

10 Title: MANAGEMENT SYSTEM FOR ACCESS CONTROL MODES OF
A DRAM MODULE SOCKET

To: Commissioner for Patents
P.O. BOX 1450
15 Alexandria, VA 22313-1450

Subject: Information disclosure statement under 37
CFR §1.56

20

Dear Sir,

This is an Information Disclosure Statement in
accordance with the duty to disclose information
25 material to patentability under 37 CFR §1.56. The
applicant wishes to make of record the document(s)
listed on the accompanying form PTO/SB/08.

Since this IDS is filed after the mailing date of the
30 first Office action but before notice of allowance,
consideration of the information disclosure statement is
hereby requested according to 37 CFR §1.97(e).

That each item of information contained in the information disclosure statement was first cited in an Office communication from the German Patent and Trade Mark Office in a Germany counterpart application 103 00 026.7 on November 19, 2004, which are no more than three months prior to the filing of the information disclosure statement on February 18, 2005.

It is respectfully requested that the examiner consider the document(s) listed on the accompanying form PTO/SB/08 and that it be made of record in the application. The applicants sincerely hope that the examiner initials the cited reference(s) on the form and that a copy of the initialed form be sent to the applicants with the next communication from the examiner.

15

Respectfully submitted,



Date: February 18, 2005

20 Winston Hsu, Patent Agent No. 41,526
P.O. BOX 506, Merrifield, VA 22116, U.S.A.
Voice Mail: 302-729-1562
Facsimile: 806-498-6673
e-mail : winstonhsu@naipo.com

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